Form Approved: OMB No. 2133-0529



This collection of information is required to obtain a waiver of the U.S.-build and other requirements of the Passenger Services Act (46 App. U.S.C. 289) and will be used by the Maritime Administration to determine if the applicant is entitled to a waiver. Public reporting burden is estimated to average one hour per response, including the time for reviewing instructions, scarching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No assurances of confidentiality are provided. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2133-0529.

REQUEST FOR ADMINISTRATIVE WAIVER OF THE JONES ACT Public Law 105-383, Title V

1. Name of the Vessel: DARIOS DREAM	
2. Owner Information: Name: BIJAN KALANTARI Telephone M	No.:
Address: FAX No.: Email:	SKNECOS COLENSARIOS SAR
3. Vessel Official Number (or Hull Identification No., or State No.): 42684	
4. Date of Vessel Construction: (99)	
5. Place of Construction: MARANS _ FRANCE	
6. Size, capacity and tonnage of the vessel (state whether tonnage is measured pursuant to otherwise, how measured)	
Size: 62 FT length 32 tonnage (five (5) net ton mi Capacity: 6 passengers	
Measured pursuant to 46 U.S.C. 14502? Yes No Other:	
7. Intended commercial use of the vessel (attach pages if needed): MOSTLY TERM CHARTERS (I WK TERM) SOME DAY CHARTERS	
8. Geographic region of intended operation and trade: USV1 -	LEASTERN US SEABOARD
9. A statement on the impact this waiver will have on other commercial passenger vessel of describing the operations of existing operators (attach pages as needed): HOHE	pperators, including a statement
WE ARE A SMALL OPERATION HOPING TO BO IS	WEEKS A YEAR
10. A statement on the impact this waiver will have on U.S. shipyards (attach pages as need	,
TOO SHALL - IF AHY, AT OUR OWN CAPACITY WE WIL	L BRIM WORK TO US SHPYARDS
11. By submitting this information you are deemed to have certified that the above	13. Email to:Smallvessels@MARAD.dot.gov
information is true and correct:	Or Mail to: Small Vessel Waiver Program
12. Submit your \$300.00 payment via http://div.dot.gov web site	Maritime Administration MAR- 830, Room 7201
CHECK #533 ATTACHED	400 Seventh St., SW Washington, DC 20590
FORM MA-1023 (1-03)	and the second s